

Semi - Annual Report

(Form must be submitted once **grant agreement is fully executed** and continued to be submitted until the project has entered **Stage 2 of the grant closeout** process. The form is due on **January 31st** and **July 31st** of each year.)

General Information

Grantee:		Grant Number:	
Grantee Address:		Report Date:	
Grantee Phone Number:		Contact Person:	

Grantee Certification

The Grantee's Chief Elected Official certifies that:	
1. To the best of his/her knowledge, the data in this report was true and correct as of the report date.	
2. The records described in 24 CFR Part 570 are being maintained and will be made available upon request.	
Signature:	
Typed Name/Title:	
Date:	

Report Preparer

Name/Title of Preparer:	
Community /Company:	
Address:	
Phone Number:	

DOC Use Only

Date Report Received:	
Reviewed By:	
Approval Date:	

Table 1 - Grant Progress

Grantee:		Grant Begin Date:	
Grant Number:		Original Grant End Date:	
Modification Number:		New Grant End Date:	

Activity Code Number	Description of Activity and Status of Activity Progress	Estimated Completion Date

Basis of Grant Award	
<i>(Check Only One)</i>	
a. Benefit to Low/Mod Income Persons:	
b. Slum or Blighted Conditions:	
c. Urgent Need:	

Table 2 - Project Beneficiaries

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

National Objective				
<i>(Check Only One)</i>				
a.	Benefit to Low/Mod Income Persons:	Area:	Limited:	Housing: Job:
b.	Slum or Blighted Conditions:	Area:	Spot:	
c.	Urgent Need:			

Project Beneficiaries Breakdown			
Total Number of Proposed Beneficiaries:		Total Number of Actual Beneficiaries:	
White Number:		White Number:	
Percentage:		Percentage:	
Black Number:		Black Number:	
Percentage:		Percentage:	
Hispanic Number:		Hispanic Number:	
Percentage:		Percentage:	
Asian Number:		Asian Number:	
Percentage:		Percentage:	
Native American Number:		Native American Number:	
Percentage:		Percentage:	
Handicapped Number:		Handicapped Number:	
Percentage:		Percentage:	
Elderly Number:		Elderly Number:	
Percentage:		Percentage:	
Low/Mod Income Number:		Low/Mod Income Number:	
Percentage:		Percentage:	
Female-Headed Number:		Female-Headed Number:	
Percentage:		Percentage:	
Source of Information:		Source of Information:	

Table 3 - Contract Award Information

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

Total Amount of All Contracts Awarded in the Last Six (6) Months:	
Total Amount of All Contracts Awarded on Project to Date:	
Total Amount of All MBE/WBE Contracts Awarded in Last Six (6) Months:	
Total Amount of All MBE/WBE Contracts Awarded on Project to Date:	

Contractor Name and Address	Trade Code	Racial/Ethnic Code	Prime Contractor ID Number	Sub Contractor ID Number	Female Y/N	Amount of Contract
<i>(List All Contracts Awarded on Project)</i>						

Trade Codes: 1 - New Construction 2 - Substantial Rehab 3 - Repair 4 - Service 5 - Project Mangt. 6 - Professional 7 - Tenant Services 8 - Education/Training 9 - Arch/Eng/Appraisal 0 - Other		Ethnic Codes: 1 - White American 2 - Black American 3 - Native American 4 - Hispanic American 5 - Asian American 6 - Other	
---	--	---	--

Table 4 - Leveraging Funds

Leveraging Fund Source	Grant Agreement Commitment	Amount Expended to Date	Estimated Final Expenditure Amount
CDBG Funds:			
Local Match (Private):			
Program Income:			
Other (lists):			

Table 5 - Narrative

Describe any problems or delays encountered or anticipated in accomplishing grant objectives within the approved time line.

Table 6 - Job Creation and Housing Report

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

Job Creation				
Participating Company:				
Goal date for completion of job creation/retention:				
Has actual job creation/retention goal been met:				
Proposed Goal Job Creation/Retention				
	Total Number	Low/Mod	Minority	Female
Jobs Created:				
Jobs Retained:				
Actual Job Creation/Retention				
	Total Number	Low/Mod	Minority	Female
Jobs Created:				
Jobs Retained:				

Certification

I certify under penalties of perjury that the information on this report is true and correct to the best of my knowledge and belief in every respect as to job creation/retention, and that I have not withheld or overstated any of the information presented in this report.

Typed Name and Title of Business Developer:	
Signature of Business Developer:	
Date:	
Typed Name and Title of Chief Elected Official:	
Signature of Chief Elected Official:	
Date:	

Table 6 - Job Creation and Housing Report (Continued)

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

Housing Occupancy				
Goal date for completion of housing occupancy:				
Has actual occupancy been met:				
Proposed Goal Housing Occupancy				
	Total Number	Low/Mod	Minority	Female
Owner:				
Rental:				
New Housing:				
Rehabilitation:				
Actual Housing Occupancy				
	Total Number	Low/Mod	Minority	Female
Owner:				
Rental:				
New Housing:				
Rehabilitation:				

Certification

I certify under penalties of perjury that the information on this report is true and correct to the best of my knowledge and belief in every respect as to job creation/retention, and that I have not withheld or overstated any of the information presented in this report.

Typed Name and Title of Chief Elected Official:	
Signature of Chief Elected Official:	
Date:	

Table 7 - Financial Status Report

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

1 Activity Code	2 Expense Item Description	3 Latest Approved Budget Amount	4 Disbursement s to Date	5 Unpaid Obligations (End of Period)	6 Total Commitments (4 + 5)	7 Free Balance Per Item (3 - 6)
Column Totals						

Report Prepared By (Typed Name and Title):	
Signature of Report Preparer:	
Date:	
*Report Approved By (Typed Name and Title):	
Signature of Report Approver:	
Date:	

**(Report must be approved by Chief Elected Official or Financial Officer.)*

IDOC USE ONLY (Review/Comments)

Table 7 - Financial Status Report (Continued)

Grantee:		Grant Begin Date:	
Grant Number:		Grant End Date:	
Grantee Address:		Report Date:	

CDBG Drawdown #	Drawdown Date	Drawdown Amount	Cumulative CDBG Draws to Date	Program Income to Date	Other Receipts to Date

*(Reproduce this form and attach additional pages as necessary in order to list all drawdowns and/or receipts.)

Grant Fund Balance/Cash Summary	
Fund Balance Summary	
1. Total approved grant amount per grant agreement:	
2. LESS: Total CDBG drawdowns to date:	
3. LESS: Program Income/Other Receipts applied to project expenses:	
4. Grant Fund Balance - End of Reporting Period:	
Cash Summary	
1. Total CDBG drawdowns to date:	
2. AND: Program Income/Other Receipts applied to project expenses:	
3. LESS: Total cash disbursements to Date:	

<i>Financial Management</i>	Form 9
------------------------------------	---------------

Grant Fund Balance/Cash Summary	
4. Grant Cash Balance - End of Reporting Period:	